

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000005213 (9)
1. Corporation Name
BARGAIN MART, INC.



Principal Place of Business: 5817 WEST HIGHWAY 192, KISSIMMEE FL 34747
Mailing Address: 5817 WEST HIGHWAY 192, KISSIMMEE FL 34747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1996

4. FEI Number: ~~APPLIED FOR~~ Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: KHANANI, M. OWAIS, 5817 WEST HIGHWAY 192, KISSIMMEE FL 34747

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (Type printed name of the Agent or Director if applicable) (Type Registered Agent signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: KHANANI, OWAIS M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5817 W. HWY 192	CITY-ST-ZIP: KISSIMMEE FL 34747	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE: VP	NAME: KHANANI, HANI M	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5817 W. HWY 192	CITY-ST-ZIP: KISSIMMEE FL 34747	2.1 TITLE	
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE:	NAME:	2.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE	
TITLE:	NAME:	3.2 NAME	
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.1 TITLE	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME	900002530659
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	-05/21/98--01001--024
TITLE:	NAME:	4.4 CITY-ST-ZIP	***150.00
STREET ADDRESS:	CITY-ST-ZIP:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
TITLE:	NAME:	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.2 NAME	
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] M. OWAIS, KHANANI 4.27.98

CR2E084 (10/97)